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7590

01/16/2004

Crowell Moring
1001 Pennsylvania Avenue NW
Washington, DC 20004-2595



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,476	12/11/2001	Toshio Kasama	2260/50666	1854

TITLE OF INVENTION: OPHTHALMIC OINTMENTS FOR TREATMENT INFECTIVE EYE DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
AZPURU, CARLOS A	1615	424-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crowell & Moring LLP

2 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOA Pharmaceutical Co., Ltd.

Toyama, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 3

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(Date)

Herbert L. Cantor, Reg. #24,390

2/12/04

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01 FC:1501

02 FC:8001

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